

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

RENEE M. BUTZ,

Plaintiff,

V.

LAWNS UNLIMITED, LTD. and  
EDWARD FLEMING,

Defendants,

Civ. No. 05-495-JJF  
Judge Joseph J. Farnan Jr.

**APPENDIX TO PLAINTIFF'S OPENING BRIEF IN SUPPORT OF  
PLAINTIFF'S RESPONSE TO DEFENDANTS' MOTION FOR  
SUMMARY JUDGEMENT**

Since Birth

Renee M. Butz  
Pro Se  
58 Hickory Drive  
North East, MD 21901  
410-441-4300

DATE: November 16, 2007

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STATE OF DELAWARE  
DEPARTMENT OF LABOR  
DIVISION OF INDUSTRIAL AFFAIRS  
4425 NORTH MARKET STREET  
WILMINGTON, DELAWARE 19802

TELEPHONE (302) 761-8200  
FAX (302) 761-6601

OFFICE OF LABOR LAW ENFORCEMENT APPOINTMENT

NAME

Renee M. Butz

Your scheduled appointment time to have an intake interview with a Labor Law Enforcement Officer concerning the possible filing of a charge of employment discrimination is as follows:

DAY:

Tues.

DATE:

2/17/04

TIME:

1:00 p.m.

LABOR LAW ENFORCEMENT OFFICER:

Melinda Shelton

In order to facilitate the charge taking procedure, you should bring with you relevant notes, documents or letters as well as names, addresses and telephone numbers of any witnesses or other materials that you believe may support your charge. Also, if you have been given a Questionnaire by this office, please complete and bring this with you.

Please note that the intake appointment is normally scheduled for two hours. This length of time is needed to insure that all intake processing and counseling can be completed without the need for you to return again to the office. Therefore, please schedule your other appointments accordingly to permit you to keep this appointment. In addition, please insure that you make travel arrangements suitable to enable you to remain in the office during the allotted interview time.

PLEASE REPORT ON TIME AS INDICATED ABOVE. PLEASE NOTE THAT IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED APPOINTMENT TIME, WE WILL MOST LIKELY BE UNABLE TO KEEP YOUR APPOINTMENT TIME AVAILABLE FOR YOU AND YOUR APPOINTMENT WILL NEED TO BE RESCHEDULED.

IF YOU CANNOT KEEP YOUR APPOINTMENT, PLEASE CALL AS SOON AS POSSIBLE TO CANCEL THAT APPOINTMENT AND ARRANGE FOR RESCHEDULING. YOU SHOULD NOTE THAT A RESCHEDULED APPOINTMENT DATE WILL PROBABLY BE SEVERAL WEEKS AFTER YOUR ORIGINAL APPOINTMENT. THUS, IT IS TO YOUR ADVANTAGE TO KEEP THE ORIGINAL APPOINTMENT. CALLS FOR CANCELLATION AND SUBSEQUENT RESCHEDULING SHOULD BE MADE TO LABOR LAW ENFORCEMENT OFFICER ON DUTY AT (302) 761-8200. PLEASE STATE YOUR NAME, SPELL THE LAST NAME, GIVE THE DATE AND TIME OF THE PREVIOUS APPOINTMENT AND LEAVE A PHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY. YOUR CALL WILL BE RETURNED AS SOON AS POSSIBLE.

Your signature below indicates your receipt of this document:

Signature:

Renee Butz

Date:

2-23-04

(Present this form to the Receptionist when you arrive at our office)



**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act of 1974

ENTER LARGE NUMBER

☐ FEPA 04020302  
☐ EEOC 17CA400296
**Delaware Department of Labor**

and EEOC

(State, or local Agency, if any)

**NAME** (Indicate Mr., Mrs., Ms)

Renee Marie Butz

**HOME TELEPHONE NO.** (Include Area Code)

(302) 832-1704

**STREET ADDRESS****CITY, STATE AND ZIP CODE****COUNTY**

2 Cymbal Court Newark DE 19702 NCC

**NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME** (If more than one, list below.)**NAME**

Lawns Unlimited, Ltd.

**NO. OF EMPLOYEES OR**

MEMBERS 23

**TELEPHONE NUMBER** (Incl. Area Code)

(302) 645-5296

**STREET ADDRESS****CITY, STATE AND ZIP CODE**

15089 Coastal Hwy Milton, DE 19968

**NAME****TELEPHONE NUMBER** (Include Area Code)**STREET ADDRESS****CITY, STATE AND ZIP CODE**
☐ RACE ☐ COLOR ☒ SEX ☐ RELIGION ☐ NATIONAL ORIGIN ☐ AGE

☐ RETALIATION ☐ DISABILITY ☐ OTHER (Specify)
**DATE DISCRIMINATION TOOK PLACE****EARLIEST** 09/01/03**LATEST** 12/23/2003☐ CONTINUING ACTION**THE PARTICULARS ARE** (If additional space is needed, attached extra sheet(s):

I. I am a female individual who began working for Respondent on 09/01/02 most recently as an Office Manager. In April 2003 I informed Respondent that I was pregnant and would be taking maternity leave once the baby was born. During my pregnancy Ed Fleming (President/Owner) and Jeanne Fleming (Owner/Treasurer) made numerous comments about my pregnancy and what I should do after the baby was born in regards to staying home and being a homemaker. On 12/23/03 I went into labor and worked half a day and then went out on maternity leave. That same day in the evening Respondent contacted me at home and demanded I come into work the next day and sign an employment contract. The following day I was contacted by Respondent again and instructed to come to work. That same day I sent Respondent an email stating that I was on maternity leave and would return to work after six weeks. I did not report to work on 12/24/03 and it was during my maternity leave that Respondent terminated my employment.

II. Respondent states that my employment was terminated because I did not inform them of my intended leave from work to take care of my new baby.

III. I believe I have been discriminated against in violation of Title VII of the Civil Rights Act of 1964, as amended and the Delaware Discrimination in Employment Act based upon my pregnancy because: 1. Respondent was aware of my pregnancy from the time that I found out I was pregnant, 2. Respondent was aware that I would probably have the baby prior to my due date in January 2004, 3. On the day I went into labor I went to work and before leaving at 2pm I informed Respondent that I would begin my maternity leave effective immediately, 4. I informed Respondent that I would not be back to work until six weeks after the last date I worked and yet Respondent claims I abandoned my job. 5. Raul Rodriguez/Roberto Gonzales was absent from work for a period of 1 week due to a motor vehicle accident and was not terminated while he was out on medical leave.

☒ I also want this charge filed with the EEOC. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

**SIGNATURE OF COMPLAINANT**

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

**NOTARY** - (When necessary to meet State and Local Requirements)

Date

Charging Party (Signature)

Subscribed and sworn to before me this date

(Day, month, and year)

B2

**EEOC AFFIDAVIT****Charge #:****Date:** 02/17/04**Charging Party Information****Name:** Renee Marie Butz**Street:** 2 Cymbal Court**City:** Newark**County:** NCC **State:** DE**Zip:** 19702**Tel (H):** (302) 832-1704**Tel (W):****DOB:** 1/1/ [REDACTED] **Sex:** Female**Race:** White**Nat'l Origin:** U.S.**SSN:** [REDACTED]-7861**Contact Person****Name:** Darlene Rizzo**Tel (H):** (410) 398-6127**Tel (W):****Address:****Employment Information****Date of Hire:** 09/01/02**Date of Termination:** 12/23/03**Date of Alleged Violation:** 12/23/03**Relief Sought:** Other Damages**Check One:** ☐ working ☒ not working ☐ sought employment at**Respondent Information****Name:** Lawns Unlimited, Ltd.**Address:** 15089 Coastal Hwy Milton, DE 19968**Type of Business:** Lawn Care**Size of Business:** 23**Basic Charge Data****Receiving Office:** 17C**Intake Unit:** 1**Accountable Office:** 17C**Intake Officer:** mss**Initial Inquiry:** 01/23/04**Respondent Type:** E**Received this Office:** 02/17/04**County:** 003**Source of Complaint:** A**SMSA:** 9160**Federal Referral Transfer:****SIC:** 078**Alleged Basis:** GP**Federal Agency:****Alleged Issues:** T2, D2

B3

1. **COVERAGE/RESPONDENT'S BUSINESS:**

Lawn Care Services

2. **RELEVANT WORK HISTORY:**

I. I am a female individual who began working for Respondent on 09/01/02 most recently as an Office Manager. In April 2003 I informed Respondent that I was pregnant and would be taking maternity leave once the baby was born. During my pregnancy Ed Fleming (President/Owner) and Jeanne Fleming (Owner/Treasurer) made numerous comments about my pregnancy and what I should do after the baby was born in regards to staying home and being a homemaker. On 12/23/03 I went into labor and worked half a day and then went out on maternity leave. The following day I was contacted by Respondent and instructed to come to work. I did not return to work and it was during my maternity leave that Respondent terminated my employment.

3. **PERSONAL HARM:**

I believe I have been discriminated against in violation of Title VII of the Civil Rights Act of 1964, as amended and the Delaware Discrimination in Employment Act based upon my pregnancy because: 1. Respondent was aware of my pregnancy from the time that I found out I was pregnant, 2. Respondent was aware that I would probably have the baby prior to my due date in January 2004, 3. On the day I went into labor I went to work and before leaving at 2pm I informed Respondent that I would begin my maternity leave effective immediately, 4. I informed Respondent that I would not be back to work until six weeks after the last date I worked and yet Respondent claims I abandoned my job. 5. Raul Rodriguez/Roberto Gonzales was absent from work for a period of 1 week due to a motor vehicle accident and was not terminated while he was out on medical leave.

4. **RESPONDENT'S EXPLANATION FOR THE ALLEGED HARM AND ITS POLICIES AND PRACTICES:**

Respondent states that my employment was terminated because I did not inform them of my intended leave from work to take of my new baby.

5. **DIRECT EVIDENCE:**

See attached

6. **WITNESSES:**

Jack Westog (302) 644-2098 HOME (302) 381-5707 CELL

Debbie Watson (302) 934-0248 Home (302) 542-2118 Cell; this is the person who was going to be my assistant and would be able to cover my duties while I was on maternity leave, I began training her 6 weeks prior to my beginning my maternity leave

Bruce Tripplet (302) 645-5296, can testify that Respondent was well aware that I was pregnant and would be taking maternity leave

Mauricio Miranda (302) 645-5296 (302) 228-4397 cell ; can testify that Respondent was aware that I was pregnant and would be taking maternity leave

7. **COMPARATIVE DATA:**

Raul Rodriguez/Roberto Gonzales (same person 2 names) took time off work for medical reasons and was not terminated

8. **CLASS HARM:**

N/A

9. **REMEDY/RELIEF SOUGHT:**

Other Damages

2-17-04   
DATE AND INITIAL

PAGE #

B4



## CONTINUATION OF EEOC AFFIDAVIT

SIGNATURE PAGE

This Affidavit has been prepared by a representative of the EEOC in an official capacity as part of an investigation. It has been read by me and I agree with the contents. Where changes (if any) were necessary, I have initialed such changes.

If affidavit is signed before a Notary Public, complete the following:-

Benee Butts  
Signature of Interviewee

State of \_\_\_\_\_

My Commission expires \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me on

This day of \_\_\_\_\_,

20 , at \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

Sign below if affidavit is signed before an EEO Representative:

I declare under the penalty that the foregoing is true and correct.			
DATE 02/17/07	SIGNATURE OF WITNESS	SIGNATURE OF EEOC REPRESENTATIVE <u>MSHULTON</u>	PAGE OF

**PRIVACY ACT STATEMENT:** (This form is covered by the Privacy Act of 1974, Public Law 93-579. Authority for requesting and uses of the personal data are given below.)

1. FORM NUMBER/TITLE/DATE: EEOC FORM 133, EEOC AFFIDAVIT, August 1985.
2. AUTHORITY: 42: USC 2000e(9), 29 USC 201, 29 USC 621.
3. PRINCIPAL PURPOSES. Provides a standardized format for obtaining from the Charging Party, Respondent and Witness sworn statements of information relevant to a charge of discrimination.
4. ROUTINE USES. These affidavits are used to: (1) make an official determination regarding the validity of the charge of discrimination; (2) guide the Commission's investigatory activity; and (3) in Title VII, Equal Pay Act, and Age Discrimination in Employment Act litigation, to impeach or substantiate a witness's testimony.
5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION: Voluntary. Failure to provide an affidavit has no effect upon the jurisdiction of the Commission to process a charge. However, sworn statements submitted by the parties are, of course, relied upon more heavily than unsworn statements in making determination as to the existence of unlawful discrimination.





STATE OF DELAWARE DEPARTMENT OF LABOR  
DIVISION OF INDUSTRIAL AFFAIRS  
MEDIATION DEPARTMENT  
4425 NORTH MARKET STREET  
WILMINGTON, DE 19802  
(302) 761-8316/ FAX: (302) 761-6601

### INVITATION TO ENGAGE IN MEDIATION

Your Name (Please Print): Renee Butz

Employer's Name: Lawns Unlimited, Ltd

  X  

Yes, I would like to engage in mediation of my charge of employment discrimination.

I would like more information on the program before deciding.

I am not able to decide at this time whether I want to engage in mediation.

You will be contacted by a representative from our mediation unit within the next 30 days.

Renee Butz  
Signature

2-17-04  
Date

STATE OF DELAWARE  
DEPARTMENT OF LABOR  
DIVISION OF INDUSTRIAL AFFAIRS – DISCRIMINATION UNIT

Ms. Renee Butz  
58 Hickory Drive,  
North East, MD 21901

Case Number 04020302

vs.

Lawns Unlimited C/o  
Wilson, Halbrook & Bayard  
15089 Coastal Hwy  
Milton, DE 19968  
Attn: Eric C. Howard, Esq.

**FINAL DETERMINATION AND RIGHT TO SUE NOTICE**

Pursuant to 19 Del. C. § 710, *et seq.*, the parties in the above-captioned matter are hereby Noticed of the Department's Final Determination and Right to Sue Notice, as follows:

***Reasonable Cause Determination and Notice of Mandatory Conciliation.***

In this case, the Department has completed its investigation and found that there is reasonable cause to believe that an unlawful employment practice has occurred. Under the provisions of the law, the parties are now required to engage in mandatory conciliation with Theodore R. Robinson. Please be prepared to appear for conciliation on the following date and time Monday April 11, 2005 at 1:00 p. m. at the location of 4425 North Market Street Wilmington, DE 19809.

Your cooperation and good faith effort is anticipated. Your corresponding Delaware Right to Sue Notice will be effective one day after your compliance with the conciliation effort.

The reasonable cause finding is based primarily on the following facts:

In a Discrimination case, Charging Party must prove that she was treated less favorably/terminated based on her sex and pregnancy. The evidence provided in this case established that Charging Party was discharged in a discriminatorily biased manner based upon her sex and pregnancy. According to Title VII of the Civil Rights Act of 1964 Charging Party must successfully established that the Respondent did not hold open her employment position for her pregnancy related absence. The evidence did show that the Respondent ended the employment relationship prior to the conclusion of Charging Party's scheduled maternity leave. Respondent offered an explanation but did not provide sufficient evidence to support their position. Therefore, Charging Party has met her burden of proof in this case.

This Final Determination is hereby issued on behalf of the Department of Labor, Division of Industrial Affairs, Discrimination Unit. See the attached Notice of Rights.

3/31/05  
Date issued

Julie K. Cutler  
Julie K. Cutler, Administrator

4/25/05  
Date conciliation completed

Julie K. Cutler  
Julie K. Cutler, Administrator

Delaware Department of Labor, Division of Industrial Affairs, 4425 N. Market St., Wilmington, DE 19802

### NOTICE OF DELAWARE RIGHTS

*The Department of Labor Discrimination Unit provides the following excerpt from 19 Del. C. § 710, et seq. as information regarding the Delaware Right to Sue Notice. If you need legal advice, please seek your own legal counsel.*

#### **§ 714. Civil action by the Charging Party; Delaware Right to Sue Notice; election of remedies.**

(a) A Charging Party may file a civil action in Superior Court, after exhausting the administrative remedies provided herein and receipt of a Delaware Right to Sue Notice acknowledging same.

(b) The Delaware Right to Sue Notice shall include authorization for the Charging Party to bring a civil action under this Chapter in Superior Court by instituting suit within ninety (90) days of its receipt or within ninety (90) days of receipt of a Federal Right to Sue Notice, whichever is later.

(c) The Charging Party shall elect a Delaware or federal forum to prosecute the employment discrimination cause of action so as to avoid unnecessary costs, delays and duplicative litigation. A Charging Party is barred by this election of remedies from filing cases in both Superior Court and the federal forum. If the Charging Party files in Superior Court and in a federal forum, the Respondent may file an application to dismiss the Superior Court action under this election of remedies provision.

### NOTICE OF FEDERAL RIGHTS

1. If your case was also filed under federal law and resulted in a "No Cause" finding, you have additional appeal rights with the Equal Employment Opportunity Commission. Under Section 1601.76 of EEOC's regulations, you are entitled to request that EEOC perform a Substantial Weight Review of the DDOL's final finding. To obtain this review, you must request it by writing to EEOC within **15 days of your receipt** of DDOL's final finding in your case. Otherwise, EEOC will generally adopt the DDOL's findings.

2. If your case was also filed under federal law, you have the right to request a federal Right to Sue Notice from the EEOC. To obtain such a federal Right to Sue Notice, you must make a written request directly to EEOC at the address shown below. Upon its receipt, EEOC will issue you a Notice of Right to Sue and you will have ninety (90) days to file suit. The issuance of a Notice of Right to Sue will normally result in EEOC terminating all further processing.

3. Requests to the EEOC should be sent to:

Equal Employment Opportunity Commission  
The Bourse, Suite 400  
21 S. Fifth Street  
Philadelphia, PA 19106-2515

*Delaware Department of Labor, Division of Industrial Affairs, 4425 N. Market St., Wilmington, DE 19802*

B8

**Mike Butz**

---

**From:** ReneeMButz@aol.com  
**Sent:** Wednesday, December 24, 2003 1:00 PM  
**To:** lawnsunlimited@msn.com  
**Cc:** ReneeMButz@aol.com  
**Subject:** Maternity Leave

To Ed and Jeanne-

This letter is to follow up with our conversation yesterday, December 23, 2003, concerning my maternity leave. As of 2:00 PM on December 23, 2003, I am officially on maternity leave. My intentions are to return back to work six weeks after the baby is born.

Sincerely,

Rene M. Butz

B9



Sun. 6:38 a.m. 10-17-04 left on recorder  
ed Nabria - Sun. into - at office.  
I'm not going to be in for  
a few days - my blood  
pressure is sky high & heart  
I am separated & I'm  
moving ~~for~~ to Milford -  
I'm not going to be  
there for a bit. Thanks.

B10

D00506

OCT-22-2004 FRI 10:34 AM Baltimore Aircell

FAX NO. 3024228296

P. 01

To: Lawns Unlimited, Ltd.  
Ed and Jeanne Fleming

From: Debbie Watson

Ed and Jeanne,

The following is copy of my Dr's  
note for my extended absence. I have my  
Cell phone with me if you need me. I  
am trying different med's to get this  
blood pressure under control.

Take care,

Debbie

B11 D00517

Jeanne,

Here are my "chain of events"  
Coming up - So you'll know.

May 17<sup>th</sup> - Out All day - <sup>830-1230 Test</sup> Then straight  
to Baltimore.

May 20<sup>th</sup> Out All day - Christmas  
my daughters surgery.

May 24<sup>th</sup> Out All day - Baltimore  
To Donate Blood  
for Surgery.

May 27<sup>th</sup> - Surgery :)

LAWNS UNLIMITED, LTD.  
MILTON, DE (302) 645-5296

**VACATION REQUEST FORM  
OR  
LEAVE REQUEST FORM**

NAME: Debbie Watson DATE: 3.15.04  
Type of Time off: PAID VACATION UNPAID LEAVE PAID LEAVE  
(Please Circle One)

Start Date Off: 3/15/04 End Date Off: 3/15/04

Date Return to Work: 3/16/04

If Half Day, Please Give Time: \_\_\_\_\_

Start Time: \_\_\_\_\_ Time Returning to Work: \_\_\_\_\_

Reason for Leave: Dr. Appt. in Baltimore, Md.

This form is to be used for all paid vacations and paid/unpaid leave. Examples: Doctors appt., Green Cards, Personal Reasons, Funerals, Driver's License, etc. Please remember that leave for personal reasons and for appt.'s should be scheduled on OFF hours and not during working hours. Requests must be approved two (2) weeks prior to start date. For extended time of more that three (3) days you must have approval four (4) weeks prior to start time.

AUTHORIZED: YES NO  
(Management will Circle One)

AUTHORIZED BY: Joanne Fleming

DATE: 3/10/04

This is a Request Form. All vacations and leave requests must be authorized by Ed Fleming. Authorizations depends on time of year, particular jobs scheduled, and other employee requests for vacation or leave in the same time frame.

**B13** D00529



LAWNS UNLIMITED, LTD.  
MILTON, DE (302) 645-5296

**VACATION REQUEST FORM  
OR  
LEAVE REQUEST FORM**

NAME: D. Watson DATE: 3.16.04  
Type of Time off: PAID VACATION UNPAID LEAVE PAID LEAVE  
(Please Circle One)

Start Date Off: 4.16.04 End Date Off: 4.26.04

Date Return to Work: 4.27.04

If Half Day, Please Give Time: \_\_\_\_\_

Start Time: \_\_\_\_\_ Time Returning to Work: \_\_\_\_\_

Reason for Leave: Return to Baltimore (neck)

This form is to be used for all paid vacations and paid/unpaid leave. Examples: Doctors appt., Green Cards, Personal Reasons, Funerals, Driver's License, etc. Please remember that leave for personal reasons and for appt.'s should be scheduled on OFF hours and not during working hours. Requests must be approved two (2) weeks prior to start date. For extended time of more that three (3) days you must have approval four (4) weeks prior to start time.

AUTHORIZED: YES NO  
(Management will Circle One)

AUTHORIZED BY: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

This is a Request Form. All vacations and leave requests must be authorized by Ed Fleming. Authorizations depends on time of year, particular jobs scheduled, and other employee requests for vacation or leave in the same time frame.

**B14**

D00526

LAWNS UNLIMITED, LTD.  
MILTON, DE (302) 645-5296

## VACATION REQUEST FORM OR LEAVE REQUEST FORM

NAME: Debbie Watson DATE: 4.27.04

Type of Time off: ☒ PAID VACATION ☐ UNPAID LEAVE ☐ PAID LEAVE  
(Please Circle One)

Start Date Off:     /     /     End Date Off:     /     /    

Date Return to Work:     /     /    

If Half Day, Please Give Time:     :    

Start Time:     :     Time Returning to Work:     :    

Reason for Leave:

Surgery - tentatively scheduled last week of  
may. Will get specifics

This form is to be used for all paid vacations and paid/unpaid leave. Examples: Doctors appt., Green Cards, Personal Reasons, Funerals, Driver's License, etc. Please remember that leave for personal reasons and for appt.'s should be scheduled on OFF hours and not during working hours. Requests must be approved two (2) weeks prior to start date. For extended time of more than three (3) days you must have approval four (4) weeks prior to start time.

AUTHORIZED: ☒ YES ☐ NO  
(Management will Circle One)

AUTHORIZED BY: Ed Fleming

DATE: 5/25/04

This is a Request Form. All vacations and leave requests must be authorized by Ed Fleming. Authorizations depends on time of year, particular jobs scheduled, and other employee requests for vacation or leave in the same time frame.

BIS D00523

LAWNS UNLIMITED, LTD.  
MILTON, DE (302) 645-5296

**VACATION REQUEST FORM  
OR  
LEAVE REQUEST FORM**

NAME: Debbie Watson DATE: 4.27.04

Type of Time off: PAID VACATION UNPAID LEAVE PAID LEAVE  
(Please Circle One)

Start Date Off: 4/28/04 End Date Off: 4/28/04

Date Return to Work: 4/29/04

If Half Day, Please Give Time: 1:30p need to leave by.

Start Time: 1:45 Time Returning to Work: next day

Reason for Leave: must get MRI under sedation 2-2 1/2 hrs  
required for test

This form is to be used for all paid vacations and paid/unpaid leave. Examples: Doctors appt., Green Cards, Personal Reasons, Funerals, Driver's License, etc. Please remember that leave for personal reasons and for appt.'s should be scheduled on OFF hours and not during working hours. Requests must be approved two (2) weeks prior to start date. For extended time of more than three (3) days you must have approval four (4) weeks prior to start time.

AUTHORIZED: (YES) NO  
(Management will Circle One)

AUTHORIZED BY: [Signature]

DATE: 4/25/04

This is a Request Form. All vacations and leave requests must be authorized by Ed Fleming. Authorizations depends on time of year, particular jobs scheduled, and other employee requests for vacation or leave in the same time frame.

B16

D00524

LAWNS UNLIMITED, LTD.  
MILTON, DE (302) 645-5296

## VACATION REQUEST FORM OR LEAVE REQUEST FORM

NAME: Dellie Watson DATE: 4-27-04  
Type of Time off: PAID VACATION UNPAID LEAVE PAID LEAVE  
(Please Circle One)

Start Date Off: 5/19/04 End Date Off: 5/20/04

Date Return to Work: 5/21/04

If Half Day, Please Give Time: \_\_\_\_\_

Start Time: \_\_\_\_\_ Time Returning to Work: \_\_\_\_\_

Reason for Leave: Dr appt on 5/19 - Daughter having surgery 5-20  
Baltimore Christiana

This form is to be used for all paid vacations and paid/unpaid leave. Examples: Doctors appt., Green Cards, Personal Reasons, Funerals, Driver's License, etc. Please remember that leave for personal reasons and for appt.'s should be scheduled on OFF hours and not during working hours. Requests must be approved two (2) weeks prior to start date. For extended time of more that three (3) days you must have approval four (4) weeks prior to start time.

AUTHORIZED: ☒ YES ☐ NO  
(Management will Circle One)

AUTHORIZED BY: J. Fleming

DATE: 4/23/04

This is a Request Form. All vacations and leave requests must be authorized by Ed Fleming. Authorizations depends on time of year, particular jobs scheduled, and other employee requests for vacation or leave in the same time frame.

B17

D00525



LAWNS UNLIMITED, LTD.  
MILTON, DE (302) 645-5296

**VACATION REQUEST FORM  
OR  
LEAVE REQUEST FORM**

NAME: Debbie Watson DATE: 7-20-04  
Type of Time off: PAID VACATION UNPAID LEAVE PAID LEAVE  
(Please Circle One)  
Start Date Off: 7/21/04 End Date Off: 7/21/04  
Date Return to Work: 7/22/04  
If Half Day, Please Give Time: 10:00 Leaving  
Start Time: 10:00 Time Returning to Work: 7/22/04  
Reason for Leave: Final Follow-up in Baltimore.

This form is to be used for all paid vacations and paid/unpaid leave. Examples: Doctors appt., Green Cards, Personal Reasons, Funerals, Driver's License, etc. Please remember that leave for personal reasons and for appt.'s should be scheduled on OFF hours and not during working hours. Requests must be approved two (2) weeks prior to start date. For extended time of more than three (3) days you must have approval four (4) weeks prior to start time.

AUTHORIZED: YES NO  
(Management will Circle One)

AUTHORIZED BY: [Signature]

DATE: 7/21/04

This is a Request Form. All vacations and leave requests must be authorized by Ed Fleming. Authorizations depends on time of year, particular jobs scheduled, and other employee requests for vacation or leave in the same time frame.

B18

D00522

LAWNS UNLIMITED, LTD.  
MILTON, DE (302) 645-5296

VACATION REQUEST FORM  
OR  
LEAVE REQUEST FORM

NAME: Debbie Watson DATE: 8-11-04  
Type of Time off: PAID VACATION UNPAID LEAVE PAID LEAVE  
(Please Circle One)

Start Date Off: 8/11/04 End Date Off: 8/11/04

Date Return to Work: 8/11/04

If Half Day, Please Give Time: 11:00 - 1:30

Start Time: 11:00 Time Returning to Work: 1:30

Reason for Leave:

Daughter to DB.

This form is to be used for all paid vacations and paid/unpaid leave. Examples: Doctors appt., Green Cards, Personal Reasons, Funerals, Driver's License, etc. Please remember that leave for personal reasons and for appt.'s should be scheduled on OFF hours and not during working hours. Requests must be approved two (2) weeks prior to start date. For extended time of more than three (3) days you must have approval four (4) weeks prior to start time.

AUTHORIZED: YES NO  
(Management will Circle One)

AUTHORIZED BY:

Jeanne Fleming

DATE: 8/9/04

This is a Request Form. All vacations and leave requests must be authorized by Ed Fleming. Authorizations depends on time of year, particular jobs scheduled, and other employee requests for vacation or leave in the same time frame.

B19

D00521

LAWNS UNLIMITED, LTD.  
MILTON, DE (302) 645-5296

## VACATION REQUEST FORM OR LEAVE REQUEST FORM

NAME: Debbie Watson DATE: 10-11-04  
Type of Time off: PAID VACATION UNPAID LEAVE PAID LEAVE  
(Please Circle One)

Start Date Off: 10/13/04 End Date Off: 10/13/04

Date Return to Work: 10/13/04

If Half Day, Please Give Time: \_\_\_\_\_

Start Time: 8:30 Time Returning to Work: 12:00

Reason for Leave: Need to take my mother  
to the Doctors. *(Appt in Dover - I will be in*  
*late - should be here by*  
*12:00 noon. Appt at 9:45a*

This form is to be used for all paid vacations and paid/unpaid leave. Examples: Doctors appt., Green Cards, Personal Reasons, Funerals, Driver's License, etc. Please remember that leave for personal reasons and for appt.'s should be scheduled on OFF hours and not during working hours. Requests must be approved two (2) weeks prior to start date. For extended time of more than three (3) days you must have approval four (4) weeks prior to start time.

AUTHORIZED: YES NO  
(Management will Circle One)

AUTHORIZED BY: Deanne M. Fleming

DATE: 10/11/04

This is a Request Form. All vacations and leave requests must be authorized by Ed Fleming. Authorizations depends on time of year, particular jobs scheduled, and other employee requests for vacation or leave in the same time frame.

B20

D00520

D00518

Certificate to Return to School or Work

Name: Debra Watson Date 10/20/04  
is my patient and has been under my care from 10/19/04 to  
and is able to return to school/work on 10/25/04

Remarks: \_\_\_\_\_

Dr. Richard P. Van Thuan, D.O.  
(Signature)

7506 S. DuPont Hwy. • Felton, DE 19943  
(302) 284-9642

P. 02

FAX NO. 3024229298

OCT-22-2004 FRI 10:34 AM Baltimore, Md

B21

01/08/2004 10:48 FAX 3026455276

CANNON

001/002

15089 Coastal Highway Milton, DE 19968  
(302) 645-5295 (302) 629-8873 (302) 678-5296  
FAX (302) 645-5276

**Lawns Unlimited Ltd**  
Lawn & Tree Health Care Specialists

# Fax

To: Eric Howard From: Ed / Jeanne Fleming  
Fax: 856-7217 Pages: 2  
Phone: \_\_\_\_\_ Date: 1-8-04  
Re: \_\_\_\_\_ CC: \_\_\_\_\_

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Attached, please find a final draft of  
the <sup>letter</sup> to Renee Beauchemin Butz. Please  
approve & ok for any liability  
reasons etc. Also we found out  
after talking to you that she did  
have her baby Dec. 30<sup>th</sup>. The  
ins. agent was all for us disenrolling  
her on Dec. 23<sup>rd</sup> until we told him she  
thought she was on maternity leave  
(unapproved, of course) then it gets into  
a gray area & they told us to call  
the labor dept. Pls. advise. Jeanne

D000847

B22



01/08/2004 10:48 FAX 3026455276

CANNON

002/002

January 7, 2004

Renée Beauchemin Butz  
2 Cymbal Court  
Newark, De 19702

Via Cert. w/ Return Receipt

RE: Leave of Absence

Dear Renée;

I am writing in regards to your sudden leave of absence wherein you indicated you would be on maternity leave for six (6) weeks. I have several concerns regarding this issue.

First and foremost, you are well aware of our company policy that requires you to have prior written authorization signed by myself before any time off from your duties is permissible. For absences in excess of three (3) days, all employees are required to submit a request at least four (4) weeks prior to your intended date of leave. In accordance with the law, you must provide us with a written doctor's notice indicating that you require such time off. As of this date, you have not provided us with either of the above. ~~Your leave was premature since you left on December 23, 2003 and your baby was not born until December 30, 2003.~~

*Our greater*  
My final concern is that you told fellow co-workers, whom are willing to testify, that you ~~are not~~ *and apparently obtained* returning at all from your maternity leave. In fact you have sought employment elsewhere. At this point, I feel I must make a professional employment decision based on information that I have. I have determined that you have terminated your employment with Lawns Unlimited, effective December 23, 2003, when you left the premises, cleaning out your desk and taking all of your belongings.

Per conversation with our health insurance representative, your coverage disenrollment date is December 23, 2003. However, provided the insurance company will allow, Lawns Unlimited will extend your health insurance coverage through December 31, 2003. We will pay the premium for that extension on your behalf. I believe your main concern was covering the delivery of the baby. Having had your baby on December 30, 2003, this extension will allow those costs to be covered. Lawns Unlimited has now incurred a much higher premium as a result of your working for us for one (1) year and using the insurance to pay bills estimated to be in excess of \$23,000.00, then leaving the company. Lawns Unlimited has never been in the practice of denying benefits to any employee. However, it is our belief that an employee will do as they say and stay long term with our company. We are disappointed when we see an employee, such as yourself, take advantage of the benefits, hours and overtime, etc. that we offer and abuse those privileges.

We wish you well with your new baby. If you have any questions or concerns, please feel free to contact me.

Respectfully Submitted,

*never have had any intention of*

Edward Fleming

D000848

B23

## CERTIFICATE OF GROUP HEALTH PLAN COVERAGE

1. Date of this Certificate: 02-09-2004

2. Name of group health plan: LAWNS UNLIMITED, LTD. 021

3. Name of participant ID Number Date Coverage Begun Ended 18 Months of Creditable Coverage

RENZE M BEAUCHEMIN C0398649\*01 11-04-02 12-31-03 N

4. Date waiting period or affiliation period (if any) began: 11-04-02

5. Name and Address of plan administrator or issuer responsible for providing this certificate:

Optimum Choice, Inc.  
4 Taft Court  
Rockville, MD 20850

6. For further information, call Member Services at (301) 360-8040 or 1-800-331-2102

## Statement of HIPAA Portability Rights

## IMPORTANT - KEEP THIS CERTIFICATE.

This certificate is evidence of your coverage under this plan. Under a federal law known as the Health Insurance Portability and Accountability Act (HIPAA), you may need evidence of your coverage to reduce a pre-existing condition exclusion period under another plan, to help you get special enrollment in another plan, or to get certain types of individual health coverage even if you have health problems.

## Pre-existing condition exclusions.

Some group health plans restrict coverage for medical conditions present before an individual's enrollment. These restrictions are known as "pre-existing condition exclusions". A pre-existing condition exclusion can apply only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within six months before your "enrollment date". Your enrollment date is your first day of coverage under the plan, or, if there is a waiting period, the first day of your waiting period (typically, your first day of work). In addition, a pre-existing condition exclusion cannot last for more than 12 months after your enrollment date (18 months if you are a late enrollee). Finally, a pre-existing condition exclusion cannot apply to pregnancy and cannot apply to a child who is enrolled in health coverage within 30 days after birth, adoption or placement for adoption.

If a plan imposes a pre-existing condition exclusion, the length of the exclusion must be reduced by the amount of your prior creditable coverage. Most health coverage is creditable coverage, including group health plan coverage, COBRA continuation coverage, coverage under an individual health policy, Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), and coverage through high-risk pools and the Peace Corps. Not all forms of creditable coverage are required to provide certificates like this one. If you do not receive a certificate for past coverage, talk to your new plan administrator.

B24

You can add up any creditable coverage you have, including the coverage shown on this certificate. However, if at any time you went for 63 days or more without any coverage (called a break in coverage) a plan may not have to count the coverage you had before the break.

> Therefore, once your coverage ends, you should try to obtain alternative coverage as soon as possible to avoid a 63-day break. You may use this certificate as evidence of your creditable coverage to reduce the length of any pre-existing exclusion if you enroll in another plan.

Right to get special enrollment in another plan.

Under HIPAA, if you lose your group health plan coverage, you may be able to get into another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. (Additional special enrollment rights are triggered by marriage, birth, adoption and placement for adoption).

> Therefore, once your coverage ends, if you are eligible for coverage in another plan (such as a spouse's plan), you should request special enrollment as soon as possible.

Prohibition against discrimination based on a health factor.

Under HIPAA, a group health plan may not keep you (or your dependents) out of the plan based on anything related to your health. Also, a group health plan may not charge you (or your dependents) more for coverage, based on health, than the amount charged a similarly situated individual.

Right to individual health coverage.

Under HIPAA, if you are an "eligible individual," you have a right to buy certain individual health policies (or in some states, to buy coverage through a high-risk pool) without a pre-existing condition exclusion. To be an eligible individual, you must meet the following requirements:

- o You have had coverage for at least 18 months without a break in coverage of 63 days or more;
- o Your most recent coverage was under a group health plan (which can be shown by this certificate);
- o Your group coverage was not terminated because of fraud or nonpayment of premiums;
- o You are not eligible for COBRA continuation coverage or you have exhausted your COBRA benefits (or continuation coverage under a similar state provision); and
- o You are not eligible for another group health plan, Medicare or Medicaid, and do not have any other health insurance coverage.

The right to buy individual coverage is the same whether you are laid off, fired or quit your job.

> Therefore, if you are interested in obtaining individual coverage and you meet the other criteria to be an eligible individual, you should apply for this coverage as soon as possible to avoid losing your eligible individual status due to a 63-day break.

State flexibility.

This certificate describes minimum HIPAA protection under federal law. States may require insurers and HMOs to provide additional protections to individuals in that state.

For more information.

If you have questions about your HIPAA rights, you may contact your state insurance department or the U.S. Department of Labor's (DOL) Employee Benefits Security Administration (EBSA) toll-free at 1-866-444-3272 (for free HIPAA publications ask for publications concerning changes in health care laws). You may also contact the Centers for Medicare and Medicaid Services (CMS) publication hotline at 1-800-633-4227 (ask for "Protecting Your Health Insurance Coverage"). These publications and other useful information are also available on the Internet at: <http://www.dol.gov/ebsa>, the DOL's interactive web pages, Health Elaws, or <http://www.cms.hhs.gov/hipaa>.

B25

**CLAIM EXPENSE SUMMARY**

Medical Expenses	1,465.25
Medical Insurance Premiums	3,076.64
Lost Wages	2,390.00
Miscellaneous Expenses	1,392.10
Pain and Suffering	50,000.00
Punitive Damages	50,000.00
<b>TOTAL CLAIM</b>	<b>108,323.99</b>

B26

**MEDICAL INSURANCE CLAIM DETAIL**

<b>Periods</b>	<b>Number of</b>		<b>Biweekly</b>	<b>Amount of Insurance</b>	
	<b>Biweekly</b>	<b>Periods</b>		<b>Premium</b>	<b>Claim</b>
March 04 - June 04	8		32.44		259.52
July 04 - June 05	24		35.69		856.56
July 05 - June 06	24		35.69		856.56
July 06 - June 07	24		36.58		877.92
July 07 - September 07	6		37.68		226.08
<b>TOTAL MEDICAL INSURANCE CLAIM</b>					<b>3,076.64</b>

B27





**CECIL COUNTY EMPLOYEE BENEFIT PLAN**  
**BIWEEKLY COST SHEET FOR 24 PAYS**  
 Effective July 1, 2003

**MEDICAL & PRESCRIPTION CARD COVERAGE**

	<u>EMPLOYEE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
Standard Option	\$25.89	\$56.05	\$64.58
High Option	\$32.44	\$70.44	\$81.10

**DENTAL COVERAGE**

	<u>EMPLOYEE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
	\$2.18	\$4.48	\$4.48

**VISION COVERAGE**

	<u>EMPLOYEE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
	\$0.38	\$0.59	\$0.59

**WORKSHEET**

Medical/Prescription Cost:	\$ 81.10
Dental	\$ 4.48
Vision	\$ .59
Total/pay	\$ 86.17

B28

**CECIL COUNTY EMPLOYEE BENEFIT PLAN****BI-WEEKLY COST SHEET**

EFFECTIVE JULY 1, 2004

**STANDARD**

<b><u>MEDICAL COVERAGE</u></b>	<b><u>22 PAY</u></b>	<b><u>24 PAY</u></b>	<b><u>26 PAY</u></b>
EMPLOYEE ONLY	\$ 31.07	\$ 28.48	\$ 26.29
EMPLOYEE + ONE	\$ 67.27	\$ 61.66	\$ 56.92
FAMILY	\$ 77.50	\$ 71.04	\$ 65.58

**HIGH**

<b><u>22 PAY</u></b>	<b><u>24 PAY</u></b>	<b><u>26 PAY</u></b>
\$ 38.93	\$ 35.69	\$ 32.94
\$ 84.52	\$ 77.48	\$ 71.52
\$ 97.32	\$ 89.21	\$ 82.35

**DENTAL COVERAGE**

<b><u>22 PAY</u></b>	<b><u>24 PAY</u></b>	<b><u>26 PAY</u></b>
\$ 2.38	\$ 2.18	\$ 2.01
\$ 4.89	\$ 4.48	\$ 4.14
\$ 4.89	\$ 4.48	\$ 4.14

**VISION COVERAGE**

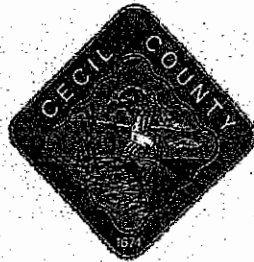
<b><u>22 PAY</u></b>	<b><u>24 PAY</u></b>	<b><u>26 PAY</u></b>
\$ 0.41	\$ 0.38	\$ 0.35
\$ 0.64	\$ 0.59	\$ 0.54
\$ 0.64	\$ 0.59	\$ 0.54

B29

**CECIL COUNTY EMPLOYEE BENEFIT PLAN**

Bi-Weekly Cost Sheet for 24 Payrolls

Effective July 1, 2006

**MEDICAL & PRESCRIPTION DRUG COVERAGE**

	<u>EMPLOYEE</u>	<u>2-PARTY</u>	<u>FAMILY</u>
Standard Option	\$ 29.19	\$ 63.20	\$ 72.82
High Option	\$ 36.58	\$ 79.42	\$ 91.44

**DENTAL COVERAGE**

	<u>EMPLOYEE</u>	<u>2-PARTY</u>	<u>FAMILY</u>
	\$ 2.23	\$ 4.59	\$ 4.59

**VISION CARE COVERAGE**

	<u>EMPLOYEE</u>	<u>2-PARTY</u>	<u>FAMILY</u>
	\$ .39	\$ .60	\$ .60

**COST WORKSHEET**

Medical & Prescription Care Cost	\$ _____
Dental Cost	\$ _____
Vision Care Cost	\$ _____

TOTAL DEDUCTION/PAY	\$ _____
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**CECIL COUNTY EMPLOYEE BENEFIT PLAN**

Bi-Weekly Cost Sheet for 24 Payrolls

Effective July 1, 2007

**MEDICAL & PRESCRIPTION DRUG COVERAGE**

	<u>EMPLOYEE</u>	<u>2-PARTY</u>	<u>FAMILY</u>
Standard Option	\$ 30.07	\$ 65.09	\$ 75.00
High Option	\$ 37.68	\$ 81.80	\$ 94.18

**DENTAL COVERAGE**

	<u>EMPLOYEE</u>	<u>2-PARTY</u>	<u>FAMILY</u>
	\$ 2.30	\$ 4.73	\$ 4.73

**VISION CARE COVERAGE**

	<u>EMPLOYEE</u>	<u>2-PARTY</u>	<u>FAMILY</u>
	\$ .40	\$ .63	\$ .63

**COST WORKSHEET**

Medical & Prescription Care Cost	\$ _____
Dental Cost	\$ _____
Vision Care Cost	\$ _____
<b>TOTAL DEDUCTION/PAY</b>	<b>\$ _____</b>

## MEDICAL EXPENSE CLAIM DETAIL

Date	Vendor	Description	Invoice Amount	Amount Paid by Insurance	Amount Written Off	Co-Pay/Deductible Amounts	Amount of Medical Claim	For Whom
12/30/03-01/01/04	Beebe Medical	Delivery	6,464.95	6,114.95	-	100% coverage	350.00	Renée
12/30/03-01/01/04	Bayside Health OBGYN	Delivery	3,500.00	1,960.00	1,300.00	100% coverage	240.00	Renée
01/01/04	Eckerd	Prescription	3.54	-	-	15.00	-	Renée
01/01/04	Eckerd	Prescription	4.96	-	-	15.00	-	Renée
01/02/04	William B Funk MD	Well Visit	60.00	-	-	15.00	45.00	Corrine
01/04/04	Christiana Care Health Services	Lab	11.50	-	-	100% coverage	11.50	Corrine
01/04/04-01/06/04	Christiana Care VNA	Phototherapy	363.00	-	-	100% coverage	363.00	Corrine
01/05/04	Christiana Care VNA	Nurse Visit	150.00	-	-	100% coverage	150.00	Corrine
01/06/04	Christiana Care VNA	Nurse Visit	150.00	-	-	100% coverage	150.00	Corrine
01/08/04	William B Funk MD	Well Visit	60.00	-	-	15.00	45.00	Corrine
01/12/04	William B Funk MD	Visit	110.00	-	-	15.00	95.00	Renée
02/01/04	Happy Harry's	Prescription	30.75	-	-	15.00	15.75	Renée
TOTAL MEDICAL EXPENSE CLAIM							1,465.25	

B32





# **Beebe Medical Center**

424 SAVANNAH ROAD  
LEWES, DE  
19958

BEAUCHEMIN, RENEE M

Service Date: 12/30/03

Service End: 01/01/04

Last Statement Date: 01/09/04

Account Number: 22622369

For Account Information, Please Call (302)645-3546

## **Statement of Account 01/27/04**

Transaction Date	Description	Amount
	PREVIOUS BALANCE	6,464.95
01/23/04	COMMERCIAL MANAGEDCA A05 MAMSI/OPTIMUM	5,920.98-
01/23/04	COMMERCIAL MAN CARE A05 MAMSI/OPTIMUM	193.97-
Estimated Insurance Due: .00		Total Patient Credits: .00
		Account Balance: 350.00
YOUR INSURANCE HAS PAID YOUR CLAIM AND DETERMINED THAT THE ACCOUNT BALANCE IS YOUR RESPONSIBILITY. PLEASE PAY PROMPTLY.		
Please detach and return with your payment		

**B333**

P000044



## Beebe Medical Center

424 SAVANNAH ROAD  
LEWES, DE  
19958

BEAUCHEMIN, RENEE M  
Service Date: 12/30/03  
Service End: 01/01/04  
Last Statement Date: 01/27/04  
Account Number: 22622369

For Account Information, Please Call (302)645-3546

### Statement of Account 02/16/04

Transaction Date	Description	Amount
	PREVIOUS BALANCE	350.00
<p style="font-size: 2em; margin: 0;">\$75</p> <p style="font-size: 1.5em; margin: 0;">CHR#547</p>		
Estimated Insurance Due:	.00	Total Patient Credits: .00
		Account Balance: 350.00

**YOUR ACCOUNT BALANCE IS PAST DUE. IF YOU WISH TO ESTABLISH A PAYMENT PLAN, PLEASE CONTACT US FOR FINANCIAL COUNSELING AT (302)645-3546.**

B34

P000041

DIAG. CODE	SERVICE DATE	PROCEDURE REFERENCE	PATIENT NAME	LOC	DESCRIPTION	CHARGES/PAYMENTS/AD	
						PATIENT	INSURANCE
633.1	08/05/02	59120	RENEE	OH	TREATMENT OF ECTOPIC PREGNANCY	1600.00	
	07/30/03	SAR421			PRIVATE CHECK PMT.	-15.00	
	08/06/03	SAR427			PRIVATE CHECK PMT.	-15.00	
	09/26/03	SAR452			PRIVATE CHECK PMT.	-15.00	
	10/22/03	SAR502			PRIVATE CHECK PMT.	-15.00	
	09/10/02	SAR138			PRIVATE CHECK PMT.	-20.00	
	10/05/02	SAR149			PRIVATE CHECK PMT.	-15.00	
	11/21/02	SAR301			PRIVATE CHECK PMT.	-15.00	
	12/18/02	SAR313			PRIVATE CHECK PMT.	-15.00	
	01/17/03	SAR324			PRIVATE CHECK PMT.	-15.00	
	03/04/03	SAR344			PRIVATE CHECK PMT.	-15.00	
	03/12/03	SAR350			PRIVATE CHECK PMT.	-15.00	
	04/09/03	SAR364			PRIVATE CHECK PMT.	-15.00	
	05/21/03	SAR389			PRIVATE CHECK PMT.	-15.00	
	06/20/03	SAR405			PRIVATE CHECK PMT.	-15.00	
	11/14/03	SAR514			PRIVATE CHECK PMT.	-15.00	
	12/12/03	AS526			PRIVATE CHECK PMT.	-15.00	
	01/06/04	BAM540			PRIVATE CHECK PMT.	-15.00	
	01/20/04				MISC. CREDIT ADJUSTME	-210.00	
	01/28/04	C#554			PRIVATE CHECK PMT.	-15.00	
	THANK YOU FOR YOUR RECENT				PAYMENT !		
641.01	12/30/03	59510	RENEE	IH	C-SECTION	3500.00	
	02/23/04	BAM10764021			MDIPA PAYMENT	-1960.00	
	02/23/04	BAM10764021			MDIPA WRITE-OFF	-1300.00	

3/21

\$115

chr #

566

THANK YOU FOR KEEPING YOUR ACCOUNT CURRENT. BALANCES ARE DUE WHEN BILLED.

CURRENT	30-60	60-90	90-120	OVER 120		PATIENT	INSURANCE
1355.00	0.00	0.00	0.00	0.00	PLEASE PAY THIS AMOUNT >>>	\$1355.00	0.00
ANALYSIS OF PATIENT NEW BALANCE				BAYSIDE HEALTH OBGYN			
03/10/04	30.00	82490					
STATEMENT DATE	PATIENT PAID YTD	ACCOUNT NUMBER					

16466-MS95\*16Q10RPPD000323



B35



*Right there with you*<sup>SM</sup>

STORE # 6377

701 GOVERNORS PLACE

BEAR, DE 19701

(302) 836-2966

YOUR CASHIER TODAY IS JACOB

ASSOC #05246 REG #005 DRAWER #1

TRANS #02524 TYPE #01 STORE #6377

NORMAL SALE

952820 RX 246925100 4.96

952820 RX 646925200 3.54

TOTAL 8.50

DEBIT CARD 8.50

DEBIT CARD#: XXXXXXXXXXXX5704

\*\*\*\*\*  
\*\* THANK YOU FOR SHOPPING AT ECKERD \*\*  
\*\* 1-800-ECKERDS www.eckerd.com \*\*  
\*\*\*\*\*

January 01, 2004 04:53 PM

B36



**Be** Date: 01/01/04  
(302)229-6853  
DOB 01/01/XX  
**Beauchemin, Renee** Rx#: 6469252-00  
Bear \$3.54  
Bear, DE 19701 MDIPA Tx#: 0843712  
Call 01/04/04 Call 01/08/04 Pull 01/15/04

**ECKERD**  
*A pharmacy. First.*

**RxAdvisor**

**CHECK ME**

Valuable Information Inside  
About Your  
Prescription Medication

Rx#: 6469252  
Tx#: 0843712

**\*\*OBTAIN ACK\*\***

Renee B. Beauchemin  
01/01/04  
Patient Pay: \$3.54  
Baker #0021

**B37**



Be  
Date: 01/01/04  
(302)229-6853  
DOB 01/01/XX  
Beauchemin, Renee

Bear  
Bear, DE 19701

Rx#: 2469251-00  
\$4.96  
Tx#: 0843711

MDIPA

Call 01/04/04	Call 01/08/04	Pull 01/15/04
---------------	---------------	---------------

**ECKERD**  
*A pharmacy. First.*

**RxAdvisor**

**RX**

Valuable Information Inside  
About Your  
Prescription Medication

Rx#: 2469251  
Tx#: 0843711

**\*\*OBTAIN ACK\*\***

Renee Beauchemin  
01/01/04  
Patient Pay: \$4.96

**B38**

DRS. FUNK & METZGER & WALTON 08-01-06  
665 CHURCHMAN'S ROAD  
NEWARK DE 19702  
510249275(F)  
TAX ID #: 510278242(M)

CORRINE BUTZ 010003  
58 HICKORY DR  
NORTH EAST MD 21901

DATE	PROC	DESCRIPTION	DR PL DIAGNOSES	CHARGES
01-02-04	99213	OV LEVEL 3 EST PT	WBF 0 774.6	60.00
		TOTAL CHARGES		60.00
		VISA PAYMENT		60.00
		TOTAL BALANCE DUE		.00

DIAGNOSES:  
774.6 JAUNDICE, NEWBORN

B39



**CHRISTIANA CARE**  
HEALTH SERVICES

## STATEMENT OF ACCOUNT

51011627-001/A0

BUTZ, CORRINE  
2 CYMBOL CT  
NEWARK

DE 19702

THESE CHARGES ARE FOR LABORATORY  
TESTING REQUESTED BY YOUR  
PHYSICIAN. PLEASE PAY THE  
BALANCE IN FULL PROMPTLY.  
(302) 623-7000

ACCOUNT NO.	PATIENT NAME	FROM DATE	THRU DATE
51011627	BUTZ, CORRINE	01/04/04	01/04/04

DESCRIPTION	AMOUNT
BALANCE FORWARD	11.50
<i>ipb scott</i> <i>#534</i> <i>2/26</i>	\$11.50

**B40**

Optimum Choice, Inc.  
HEALTH PLAN

If you have any questions please contact the  
Member Services Department at:  
(301) 360-8040 or 1-800-331-2102

**Explanation of Benefits (EOB)**

**\*\*\* THIS IS NOT A BILL \*\*\***

Page 2

Member Number: C0398449\*01  
Member Name: RENEE M BEAUCHEMIN

Reference Number	Check Number	Provider Number	Provider Name	Dates of Service From To	Service Provided	Requested Charges	Allowable Charges	Plan Obligation	Par Dr. Savings	Copay	Deductible	Exp1 Code
HD4029028272		247507	VNA HOME MEDICAL EQUIPMEN	01-04-04 01-06-04	PHOTOTHERAPY LIGHT W/PHOTOM	\$363.00	\$0.00	\$0.00	\$0.00	\$363.00	\$0.00	24
Totals:						\$363.00	\$0.00	\$0.00	\$0.00	\$363.00	\$0.00	

Member obligation is the sum of Copay and Deductible columns.

**Your total obligation to Vna Home Medical Equipment is \$363.00.**

If you have other insurance coverage in addition to this Plan's coverage, and you need an explanation of the Plan's benefit determination for submission to your other insurance coverage, please call the above telephone number.

Please see reverse side for the Explanation codes.

B41





Drs. Funk & Metzger & Walton  
 665 Churchmans Road  
 Newark DE 19702  
 510249275(F)  
 TAX ID #: 510270242(N)

03-01-06

CORRINE BUTZ 010083  
 59 HICKORY DR  
 NORTH EAST MD 21901

DATE	PROC	DESCRIPTION	DR PL DIAGNOSES	CHARGES
01-08-04	99213	ON LEVEL 3 EST PT	WBF D 774.6	60.00
		OC STATES WE ARE NOT PCP		
		TOTAL CHARGES		60.00
		VISA PAYMENT		60.00
		OPTIMUM CHOICE PYMT		.00
		TOTAL BALANCE DUE		.00

DIAGNOSES:  
 774.6 JAUNDICE, NEWBORN

B43

LIAM B. FUNK, M.D., P.A.  
 5 CHURCHMANS ROAD  
 WARK, DE 19702-1918  
 (2) 731-0900

## STATEMENT

STATEMENT DATE	PAGE
02-17-04	1

TAX I.D. #51-0408155

INSACTION DATE	INV. NO.	DESCRIPTION OF SERVICES	DOCTOR	CHARGES	CREDITS	BALANCE
-12-04	1	OV, NEW PT, LEVEL 3	RENEE	110.00		110.00
-12-04	1	VISA PAYMENT			-15.00	95.00
-20-04	1	OPTIMUM CHOICE PYMT	011604		.00	95.00
-20-04	1	DC STATES WE ARE NOT PCP				
<p style="text-align: center;"> <i>pix</i>  <i>CHK # 533</i>  <i>2/20</i> </p>						
95.00	.00	.00	.00	.00	← ACCOUNT AGE ANALYSIS →	TOTAL AMOUNT DUE → 95.00
CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS		

835.57  
 95.00  
 140.57

B44

P000050

STAP  
HE

**HAPPY  
HARRY'S**

1120 PULASKI HIGHWAY  
BEAR, DE 19701  
(302) 832-2300

02/01/04

AMOUNT \$ 30.75

Rx: 6403864  
BEAUCHEMIN-BUTZ, RENEE  
2 CYMBAL CT  
NEWARK, DE 19702

01011976

BALANCE DUE \$ 30.75



Rx Num: 6403864  
Tx Num:  
Tq Num: 1958675 Carri  
Fill: 02/01/2004 Patie  
Status: RECEIVED Dr  
Paid: REJT F  
Type: P5C Refe  
Passwd: C

PROCESS CLAIM WITH NEW I  
For assistance to resolv  
"For Pharmacists"

INSURANCE t

**Card In Bag**

68 : COVERAGE EXPIRED

B45

HAPPY HARRY'S GLENDALE PLAZA  
1120 PULASKI HWY  
BEAR, DE 19701  
302-832-2300  
65 PHARMACEUTICAL 30.75  
TAX 0.00 DUE 30.75  
CREDIT (30.75)  
CHANGE 0.00

DEBIT: XXXXXXXXXXXX5704

APPR:

I agree to pay above total amount  
according to card issuer agreement.

Cashier: amyb 634 # 52  
(REPRINT #1)

Register: REG5 Feb 1 2004 3:13 PM

THANK YOU FOR SHOPPING  
HAPPY HARRY'S  
Visit our Website [www.happy.com](http://www.happy.com)

RY'S HAPPY HARRY'S HAPPY HARRY'S HAPPY HARRY'S HAPPY HA

B46

## LOST WAGES CLAIM DETAIL

Description	Calculation	2003 Wages	
		Amount	Notes
Wages	\$1008 - \$726	282.00	Difference of Unemployment to Regular Earnings
Overtime Wages	6 hours x \$18	108.00	Unpaid overtime hours actually worked
Wage Increase	16 weeks x 40 hours x \$.75	480.00	Anticipated wage increase to have begun on employment anniversary date
Vacation	40 hours x \$12.75	510.00	2003 Unpaid Vacation Days (5 Accrued Days)
Personal	24 hours x \$12.75	306.00	2003 Personal Days (3 Accrued Days)
Christmas	8 hours x \$12.75	102.00	Unpaid Holiday pay
New Year's	8 hours x \$12.75	102.00	Unpaid Holiday pay
Bonus	Estimated	500.00	Anticipated 2003 Bonus (2002 Bonus was \$379 only employed 2 months)
TOTAL		2,390.00	

B47



**MNS UNLIMITED, LTD**

Renee M Butz  
2 Cymbal Court  
Newark, DE 19702

061

Used / Available  
Sick 0.00 / 0.00  
Vac 33.75 / 0.00

Hourly Rate 1 (86.00@\$12.00)  
Employee IRA  
Federal Tax Withholding  
Social Security Employee  
Medicare Employee  
DE - Withholding  
Hourly Rate 2  
Vacation Hourly Rate

12/12/2003  
1,032.00  
-50.00  
-74.00  
-63.99  
-14.97  
-26.71  
0.00  
0.00

**14698**  
YTD

23,286.36  
-1,200.00  
-2,958.00  
-1,693.14  
-395.98  
-871.53  
3,617.28  
405.00

11/24/2003 - 12/07/2003 Pay Period

802.33

**B48**

## MISCELLANEOUS EXPENSE CLAIM DETAIL

Vendor	Description	Amount	For Who
Colonial Parking	12 trips x \$2	24.00	Parking
USPS	Postage	16.25	mail to U.S. District Court & YCST
USPS	Postage	6.39	mail to U.S. District Court & YCST
USPS	Postage	14.40	mail to U.S. District Court & YCST
USPS	Postage	5.12	mail to Eric Howard
USPS	Postage	3.03	mail to Parcels
U.S. District Court	Copy Fees	20.00	copy fees
U.S. District Court	Civil Files	250.00	file fee
Parcels	Court summons	100.00	hand delivery to L.U. & Eric Howard
Happy Harry's	Staples	1.99	Lawns Unlimited supplies
USPS	Postage	17.22	mail to U.S. District Court & YCST
USPS	Postage	6.14	mail to U.S. District Court & YCST
USPS	Postage	6.39	mail to U.S. District Court & YCST
USPS	Postage	7.24	mail to U.S. District Court & YCST
USPS	Postage	5.25	mail to U.S. District Court
USPS	Postage	16.25	mail to PA Process Services
USPS	Postage	0.58	mail to YCST
Sugar Foot	Lunch	17.00	Renee & Mike Butz
Quiznos	Lunch	18.35	Renee & Mike Butz
Mileage	75 miles x 12 trips	436.50	trips YCST & court house
Renee	Miscellaneous Costs	300.00	copying, filing, supplies, stamps
Tolls	\$10 x 12 trips	120.00	195 tolls MD to DE and return
	<b>TOTAL</b>	<b>1,392.10</b>	

B49

COLONIAL  
PARKING  
WILM. DEL

PAID

1#

02-4505#

07-03-50T

030-15:26EX

07-03-50T

030-15:16EX

A....1.00\$

....1.00\$

COLONIAL  
PARKING  
WILM. DEL

PAID

1#

01-6957#

07-04-50T

013-13:35EX

07-04-50T

013-13:15EX

A....1.00\$

....1.00\$

B50

COLONIAL  
PARKING  
WILM. DEL

PAID

1#

01-4189No.

06-09-#3DT

027-13:06EX

06-09-#3DT

027-12:52EN

A....1.00\$

....1.00\$

BS1

Saturday, September 15, 2007 1:23:23 PM

## Account Detail

Below is detailed information for the following account's activities.

To view the detail for another account, please make a selection from the drop-down box. The following information may not reflect pending transactions.

[Click here to view your @ccess Account Statement.](#)

Select another account: ACCESS CHECKING [REDACTED]

### ACCESS CHECKING DETAIL

Current Balance: [REDACTED]

Account Type: [REDACTED]

Available Balance: [REDACTED]

[Click here to view pending activity.](#)

Select another statement: Current Statement [REDACTED]

### STATEMENT ACTIVITY

Date	Check Number	Description	Credit Amount	Debit Amount
09/14/2007		QUICKCHECK PURCHASE ON 09-13 USPS 2303830515 ELKTON MD		\$16.25
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
09/14/2007		[REDACTED]		[REDACTED]
09/14/2007		[REDACTED]		[REDACTED]
09/14/2007		[REDACTED]		[REDACTED]
09/13/2007		[REDACTED]		[REDACTED]
09/13/2007		QUICKCHECK PURCHASE ON 09-12 COL PRKNG JSTCE CTR Q08 WILMINGTON DE		\$4.00
09/13/2007		[REDACTED]		[REDACTED]
09/12/2007		[REDACTED]		[REDACTED]
09/12/2007		QUICKCHECK PURCHASE ON 09-11 USPS 2303830515 ELKTON MD		\$6.39
09/12/2007		[REDACTED]		[REDACTED]
09/12/2007		[REDACTED]		[REDACTED]
09/11/2007		[REDACTED]		[REDACTED]
09/11/2007		[REDACTED]		[REDACTED]
09/11/2007		[REDACTED]		[REDACTED]
09/11/2007		[REDACTED]		[REDACTED]
09/11/2007		[REDACTED]		[REDACTED]
09/11/2007		[REDACTED]		[REDACTED]

BS2  
9/15/2007



Elkton Main Post Office  
Elkton, Maryland  
219219998

05/11/2006 2303830515-0097 12:55:29 PM  
(410)398-4040

Product Description	Sales Receipt		Final Price
	Sale Qty	Unit Price	

63c Stamp	1	\$0.63	\$0.63
WILMINGTON DE 19801			\$14.40
Express Mail PO-ADD			

4.40 oz.

Label #: EQ606554287US  
Next Day 3PM / Normal  
Delivery

Issue PVI: \$14.40

7.80 Ndn	1	\$7.80	\$7.80
Lib/Flag PS			
Bk			
7.80 Ndn	1	\$7.80	\$7.80
Lib/Flag PS			
Bk			

Total: \$30.63

Paid by: \$30.63  
Visa XXXXXXXXXXXXX5979  
Account # 476779  
Approval #: 756  
Transaction #: 23 902860501

Order stamps at USPS.com/shop or call  
1-800-Stamp24. Go to  
USPS.com/clicknship to print shipping  
labels with postage. For other  
information call 1-800-ASK-USPS.  
Bill #: 1000302421168  
Clerk: 05

See final on stamps and postage.  
for guaranteed services only.  
you for your business.  
Customer Copy

B53

North East Post Office  
NORTH EAST, Maryland  
219019998  
2303830534-0097  
04/06/2006 (410)287-6644 02:33:15 PM

Product Description	Sale Qty	Unit Price	Final Price
EP 10x13 Env	1	\$0.49	\$0.49
- RP			
GEORGETOWN DE 19947			\$0.87
First-Class			
2.80 oz.			
Return Rcpt (Green Card)			\$1.85
Certified			\$2.40
Label #:			70051820000461519162
Issue PVI:			\$5.12
7.80 Ndn Lv	1	\$7.80	\$7.80
TruBlu PSBk			
Total:			\$13.41

Paid by:  
Cash \$20.00  
Change Due: -\$6.59

Order stamps at USPS.com/shop or call  
1-800-Stamp24. Go to  
USPS.com/clicknship to print shipping  
labels with postage. For other  
information call 1-800-ASK-USPS.  
Bill #: 1000301407143  
Clerk: 10

— All sales final on stamps and postage. —  
Refunds for guaranteed services only.  
Thank you for your business.  
Customer Copy

NEWARK PO  
NEWARK, Delaware  
197119998  
3379300711-0094  
03/22/2006 (800)275-8777 02:30:25 PM

Product Description	Sale Qty	Unit Price	Final Price
EP 6x9 Env -	1	\$0.39	\$0.39
RP			
DOVER DE 19904			\$0.63
First-Class			
1.10 oz.			
Certified			\$2.40
Label #:			70053110000336956973
Issue PVI:			\$3.03
7.80 Ndn	1	\$7.80	\$7.80
Lib/Flag PS			
Bk			
Total:			\$11.22

Paid by:  
Cash \$50.00  
Change Due: -\$38.78

Order stamps at USPS.com/shop or call  
1-800-Stamp24. Go to  
USPS.com/clicknship to print shipping  
labels with postage. For other  
information call 1-800-ASK-USPS.  
Bill #: 1000602924739  
Clerk: 08

— All sales final on stamps and postage. —  
Refunds for guaranteed services only.  
Thank you for your business.  
Customer Copy

B54

UNITED STATES  
DISTRICT COURT  
District of Delaware  
Wilm. Division

# 139972 - RE  
July 15, 2005

Code	Case #	Qty	Amount
COPY FEE 1-05-CV-495		40 @	0.50
			20.00 CA

Total-> 20.00

FROM: RENEE BUTTS

UNITED STATES  
DISTRICT COURT  
District of Delaware  
Wilm. Division

# 142083 - ED  
January 27, 2006

Code	Case #	Qty	Amount
CIVIL FI 1-05-CV-495		1 @	250.00
			250.00 CH

Total-> 250.00

FROM: RENEE BUTZ  
CK 2118 THIRKOL ELKTON FEDERAL  
58 HICKORY DRIVE  
NORTH EAST MD 21901

BSS

***Parcels, Inc.***  
**DELAWARE DOCUMENT RETRIEVAL**

***Parcels, Inc.***

P.O. Box 27  
4 East Seventh Street  
Wilmington, DE 19899  
302-658-9911  
800-479-0075  
302-658-9164 Fax

***Delaware Document  
Retrieval, Inc.***

4 East Seventh Street  
Wilmington, DE 19801  
302-658-9971  
800-343-1742  
302-658-9951 Fax

437 Chestnut Street  
Lafayette Building  
Suite 612  
Philadelphia, PA 19106  
215-829-0492  
888-829-0492  
215-829-0679 Fax

***Virtual Docket, LLC***

103 West Seventh Street  
Wilmington, DE 19801  
302-427-3908  
800-998-2666  
302-658-9165 Fax

***Copy Facility***

105 West Seventh Street  
Wilmington, DE 19801  
302-658-0900  
302-658-6275 Fax

***First State***

***Corporate Services, Inc.***

32 Lookerman Square  
Suite 109  
Dover, DE 19901  
302-736-1777  
888-736-6398  
302-736-9883 Fax

***ParcelsInc.com***

***VirtualDocket.com***

Renee M Butz  
58 Hickory Drive  
North East MD 21901

This invoice states that we received a check in the amount of \$100.00.  
Check number being 2197.

Thank you for your business.

Parcels, Inc.  
32 Lookerman Street Suite 109  
Dover DE 19904  
302-736-1777

B56



STAPLES 3000CT 1.99  
TAX 0.00 DUE 1.99  
CREDIT (1.99)  
CHANGE 0.00

VISAC: XXXXXXXXXXXX2213

APPR: 017239

I agree to pay above total amount  
according to card issuer agreement

Cashier: Heather 854 # 186  
(REPRINT #1)

Register: REG1 Dec 22 2003 12:13 PM

THANK YOU FOR SHOPPING  
HAPPY HARRY'S  
Visit our Website [www.happy.com](http://www.happy.com)

HARRY'S HAPPY HARRY'S  
HAPPY HARRY'S  
HAPPY HARRY'S

BS7



Elkton Main Post Office  
 Elkton, Maryland  
 219219998  
 2303830515 -0096  
 06/13/2007 (410)398-4040 01:14:50 PM

Product Description	Sale Qty	Unit Price	Final Price
WILMINGTON DE 19801-0391 Zone-1 First-Class Large Env 1.10 oz.			\$0.97

Issue PVI: \$0.97

WILMINGTON DE 19801 Zone-1 Express Mail PO-Add Flat Rate 3.40 oz.			\$16.25
Label #: EB479548605US			
Next Day 3PM / Normal Delivery			

Issue PVI: \$16.25

Total: \$17.22

Paid by: Visa \$17.22  
 Account #: XXXXXXXXXXXX0814  
 Approval #: 005510  
 Transaction #: 311  
 23 902860501

Order stamps at USPS.com/shop or call 1-800-Stamp24. Go to USPS.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

Bill #: 1000403266595  
 Clerk: 09

All sales final on stamps and postage.  
 Refunds for guaranteed services only.  
 Thank you for your business.

\*\*\*\*\*  
 \*\*\*\*\*

HELP US SERVE YOU BETTER

Go to: <http://gx.gallup.com/pos>

TELL US ABOUT YOUR RECENT  
 POSTAL EXPERIENCE

YOUR OPINION COUNTS

\*\*\*\*\*  
 \*\*\*\*\*

Customer Copy

Elkton Main Post Office  
 Elkton, Maryland  
 219219998  
 2303830515 -0098  
 04/10/2007 (410)398-4040 01:31:27 PM

Product Description	Sale Qty	Unit Price	Final Price
WILMINGTON DE 19801 Priority Mail 11.30 oz.			\$4.05
Delivery Confirmation			\$0.50
Label #: 03052710000120131451			

Issue PVI: \$4.55

WILMINGTON DE 19801 First-Class 5.80 oz.			\$1.59
--	--	--	--------

Issue PVI: \$1.59

Total: \$6.14

Paid by: Visa \$6.14  
 Account #: XXXXXXXXXXXX5979  
 Approval #: 806988  
 Transaction #: 442  
 23 902860501

Order stamps at USPS.com/shop or call 1-800-Stamp24. Go to USPS.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

Bill #: 1000203207823  
 Clerk: 18

All sales final on stamps and postage.  
 Refunds for guaranteed services only.  
 Thank you for your business.

Customer Copy

358

Elkton Main Post Office  
Elkton, Maryland  
219219998

09/11/2007 2303830515 -0096  
(410)398-4040 12:40:37 PM

Product Description	Sale Qty	Unit Price	Final Price
---------------------	----------	------------	-------------

WILMINGTON DE 19801			\$4.60
---------------------	--	--	--------

Zone-1 Priority Mail  
4.40 oz.

Delivery Confirmation  
Label #: 03061070000322501312

Issue PVI: \$5.25

WILMINGTON DE 19801			\$1.14
---------------------	--	--	--------

Zone-1 First-Class  
Large Env  
2.40 oz.

Issue PVI: \$1.14

Total: \$6.39

Paid by: Visa \$6.39

Account #: XXXXXXXXXXXXX0814

Approval #: 006058

Transaction #: 274

23 902860501

Order stamps at USPS.com/shop or call  
1-800-Stamp24. Go to USPS.com/clicknship  
to print shipping labels with postage.  
For other information call 1-800-ASK-USPS.

Bill #: 1000403375909

Clerk: 03

All sales final on stamps and postage.

Refunds for guaranteed services only.

Thank you for your business.

\*\*\*\*\*

HELP US SERVE YOU BETTER

Go to: <http://gx.gallup.com/pos>

TELL US ABOUT YOUR RECENT  
POSTAL EXPERIENCE

YOUR OPINION COUNTS

\*\*\*\*\*

Customer Copy

\*\*\*\*  
137 W  
E. MD  
09-13/07

Transaction Number 15  
USPS® # 232988-9550

1. First-Class Mail® Flat 1.99

Destination: 19801

Weight: 0 lb. 8.00 oz.

Total Cost: 1.99

Base Rate: 1.99

2. Priority Mail® service 5.25

Destination: 19801

Weight: 0 lb. 13.80 oz.

Total Cost: 5.25

Base Rate: 4.60

Label #:

0411 9503 2660 2802 2632

SERVICES

Delivery Confirmation™ 65

Subtotal 7.24

Total Charged 7.24

VISA 7.24

<23-901860098-99>

VISA

ACCT. NUMBER TRANS # AUTH

XXXX XXXX XXXX 0814 572 007381

To check on the delivery status of  
your Delivery Confirmation™ article,  
visit our Track & Confirm website at  
[www.usps.com](http://www.usps.com), use this Automated  
Postal Center® (or any Automated  
Postal Center® at other Postal  
locations) or call 1-800-222-1811.

Thanks.

It's a pleasure to serve you.

ALL SALES FINAL ON STAMPS AND POSTAGE.  
REFUNDS FOR GUARANTEED SERVICES ONLY.

\*\*\*\*\*

\* Your opinion matters to us. \*

\* Please visit \*

\* <http://gx.gallup.com/apc> \*

\*\*\*\*\*

BS9



\*\*\*\*\* WELCOME TO \*\*\*\*\*  
 ELKTON  
 137 W MAIN ST  
 ELKTON, MD 21921-9998  
 09/17/07 01:17PM

Transaction Number 23  
 USPS® # 232988-9550

1. Priority Mail® service 5.25  
 Destination: 19801  
 Weight: 0 lb. 3.30 oz.  
 Total Cost: 5.25  
 Base Rate: 4.60  
 Label #:  
 0411 9503 2860 2802 3158  
 SERVICES  
 Delivery Confirmation™ .65

Subtotal 5.25  
 Total Charged 5.25

VISA

<23-901860098-99>

VISA ACCT. NUMBER TRANS # AUTH  
 XXXX XXXX XXXX 5979 215 813173

To check on the delivery status of  
 your Delivery Confirmation™ article,  
 visit our Track & Confirm website at  
 www.usps.com, use this Automated  
 Postal Center® (or any Automated  
 Postal Center® at other Postal  
 locations) or call 1-800-222-1811.

Thanks.

It's a pleasure to serve you.

ALL SALES FINAL ON STAMPS AND POSTAGE.  
 REFUNDS FOR GUARANTEED SERVICES ONLY.

\*\*\*\*\*  
 \* Thanks for using the \*  
 \* Automated Postal Center®. \*  
 \* \*  
 \* Enter today to win \$10,000 \*  
 \* or \$250 in daily prizes! \*  
 \* \*  
 \* Visit www.apcsweeps.com \*  
 \* and enter this code: \*  
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 \* ##### \*  
 \* # APCSWEEPS # \*  
 \* ##### \*  
 \* \*  
 \* See website for official rules \*  
 \* \*  
 \* No Purchase Necessary \*  
 \* Sweepstakes ends 10/31/07 \*  
 \* \*\*\*\*\*

\*\*\*\*\*  
 \* Your opinion matters to us. \*  
 \* Please visit \*  
 \* \*  
 \* http://gx.gallup.com/apc \*  
 \* \*\*\*\*\*

Elkton Main Post Of.  
 Elkton, Maryland  
 219219998  
 2303830515 -0097  
 09/13/2007 (410)398-4040 03:25:51 PM

Product Description	Sale Qty	Receipt Unit Price	Final Price
CARLISLE PA 17013			\$16.25
Zone-2 Express Mail			
PO-Add Flat Rate			
2.30 oz.			
Label #:		EB479583709US	
Next Day 3PM / Normal			
Delivery			

Issue PVI:

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\$16.25

Total:

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Visa Account #: XXXXXXXXXXXXX0814  
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 Transaction #: 495  
 23 902860501

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B60

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Transaction Number 25  
 USPS® # 232988-9550

1. First-Class Mail® Letter .58  
 Destination: 19801  
 Weight: 0 lb. 1.50 oz.  
 Total Cost: .58  
 Base Rate: .58  
 2. 18 First-Class™ Stamps 7.38  
 Subtotal 7.96  
 Total Charged 7.96  
 VISA 7.96

<23-901860098-99>

VISA  
 ACCT. NUMBER TRANS # AUTH  
 XXXX XXXX XXXX 5979 216 969304

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B61

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## Checking Account Detail

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Account Details for [REDACTED]

Delaware National Bank - Checking

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CHART

### Summary Information

Ledger Balance	[REDACTED]	Ledger Balance as of	09/14/2007
Available Balance	[REDACTED]	Next Statement Date	09/17/2007
Balance as of Last Statement	[REDACTED]	Last Statement Date	08/17/2007
Last Deposit (Excluding online transfers)	[REDACTED]	Last Deposit On	09/14/2007
Interest Accrued this Statement	\$0.00	Interest Paid Year-To-Date	\$0.00
Interest Paid Last Year	\$0.00		
Memo Credits	\$0.00	Memo Debits	\$0.00

Edit Transactions

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Account History

Transactions from 06/19/2007

to 09/17/2007

Go

Transactions for the last 90

Go

Post Date	Check Number	Description	Category	Amount
09/14/2007		[REDACTED]	Balance	[REDACTED]
09/14/2007		[REDACTED]	Credit	[REDACTED]
09/06/2007		[REDACTED]	Balance	[REDACTED]
09/06/2007		[REDACTED]	Bank Card Purchase	[REDACTED]
09/05/2007		[REDACTED]	Balance	[REDACTED]
09/05/2007		[REDACTED]	Bank Card Purchase	[REDACTED]
09/05/2007		[REDACTED]	Bank Card Purchase	[REDACTED]
09/05/2007		[REDACTED]	Balance	[REDACTED]
09/04/2007		[REDACTED]	Bank Card Purchase	[REDACTED]
09/04/2007		[REDACTED]	Bank Card Purchase	[REDACTED]
09/04/2007		[REDACTED]	Balance	[REDACTED]
08/31/2007		[REDACTED]	Credit	[REDACTED]
08/31/2007		[REDACTED]	Balance	[REDACTED]
08/30/2007		[REDACTED]		



08/30/2007	CHK CARD PUR 986759 SUGARFOOT SUGARFOOTD WILMINGTON DE	Bank Card Purchase	-\$17.00
08/17/2007	[REDACTED]	Balance	[REDACTED]
08/17/2007	[REDACTED]	Credit	[REDACTED]
08/13/2007	[REDACTED]	Balance	[REDACTED]
08/13/2007	[REDACTED]	Bank Card Purchase	[REDACTED]
08/06/2007	[REDACTED]	Balance	[REDACTED]
08/06/2007	[REDACTED]	Bank Card Purchase	[REDACTED]
08/03/2007	[REDACTED]	Balance	[REDACTED]
08/03/2007	[REDACTED]	Credit	[REDACTED]
07/31/2007	[REDACTED]	Balance	[REDACTED]
07/31/2007	[REDACTED]	Bank Card Purchase	[REDACTED]
07/30/2007	[REDACTED]	Balance	[REDACTED]
07/30/2007	[REDACTED]	Bank Card Purchase	[REDACTED]
07/20/2007	[REDACTED]	Balance	[REDACTED]
07/20/2007	[REDACTED]	Credit	[REDACTED]
07/06/2007	[REDACTED]	Balance	[REDACTED]
07/06/2007	[REDACTED]	Credit	[REDACTED]
06/29/2007	[REDACTED]	Balance	[REDACTED]
06/29/2007	[REDACTED]	Bank Card Purchase	[REDACTED]
06/28/2007	[REDACTED]	Balance	[REDACTED]
06/28/2007	[REDACTED]	Bank Card Purchase	[REDACTED]
06/25/2007	[REDACTED]	Balance	[REDACTED]
06/25/2007	[REDACTED]	Bank Card Purchase	[REDACTED]
06/25/2007	[REDACTED]	Bank Card Purchase	[REDACTED]
06/22/2007	[REDACTED]	Balance	[REDACTED]
06/22/2007	[REDACTED]	Credit	[REDACTED]

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CHIPS	0.89

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	\$	18.35
TAX TOTAL	\$	0.00
TOTAL	\$	18.35

VISA	\$	18.35
CHARGE TIP	\$	0.00
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7. Mr. Fleming, who holds the title of President of Lawns, works hands-on in the Field. He also shares the responsibilities for Office employees with his wife.

8. Defendants hired Plaintiff in September 2002 to replace the previous Office Manager.

9. Plaintiff held the position of Office Manager for her entire period of employment.

10. Dina Alderucci was hired after Ms. Schatz left in June 2003.

11. Debbie Watson replaced Ms. Alderucci in November 2003.

12. In the Field, the Foremen are key employees.

13. Mauricio Miranda and Hugo Sanchez have been Lawns' two Foreman.

14. Plaintiff began working at Lawns on September 4, 2002, as a temporary employee with permanent employment as the final goal.

15. Plaintiff became a full-time Lawns employee on October 16, 2002.

16. Defendant terminated Plaintiff effective December 23, 2003.

17. Beginning in approximately October 2003 until the time of her termination, Plaintiff commuted to Defendants' office in Milton from her home in Newark, Delaware.

18. Plaintiff began her new job as a Junior Accountant for the Cecil County Government on March 1, 2004.

19. Plaintiff received a bonus in 2002.

20. Plaintiff did not receive a bonus in 2003.

21. Plaintiff did not receive a pay increase on or after her first anniversary date.

22. Plaintiff received unemployment compensation after her termination from Lawns.

23. There are two full-time Office positions, Office Manager and Office Assistant.

24. Plaintiff announced her pregnancy in approximately April 2003.

25. Defendants knew that Plaintiff intended to take maternity leave following the birth of her child.

26. In an e-mail dated December 24, 2003, Plaintiff told Defendants that her maternity leave had begun, effective December 23, 2003.

27. Defendants believed that Plaintiff had secured other employment prior to December 23, 2003.

28. For the past twenty years, the Flemings have operated the business and actively manage its operations.

29. Office employees handle the payroll, accounting, and other administrative duties.

30. Mrs. Fleming, who holds the titles of Secretary and Treasurer, shares responsibilities for the behind-the-scenes operations of the business.

31. During the December 24, 2003, telephone conversation, Plaintiff told Mr. Fleming that she intended to return to work after her maternity leave.

32. During the December 24, 2003, telephone conversation, Plaintiff's husband told Mr. Fleming that she intended to return to work after her maternity leave.

33. Plaintiff called the Lawns office on January 5, 2004 after the birth of her child, and left a message.

34. Plaintiff's father-in-law called Defendant after Plaintiff received her termination letter.

35. In the Termination Letter, Defendants cited increased health care premiums as a reason for Plaintiff's termination.

36. Plaintiff believes that Defendants terminated her due to increased health care premiums.

52. Plaintiff moved to Bethany area to be with her now-husband, Scott Butz, who had moved to the area for a job.

53. As Office Manager, Plaintiff was responsible for accounts receivable and accounts payable, payroll, and general clerical duties such as taking phone messages and filing paperwork.

54. As Office Manager, Plaintiff was responsible for communicating and developing workplace procedures.

55. In 2003, Defendants held a staff meeting that all employees were required to attend.

56. At the meeting Plaintiff spoke/addressed workplace procedures and practices including the importance of teamwork and the value of feedback and employee suggestions.

57. At the staff meeting, Plaintiff encouraged the employees to communicate their ideas or suggestions with her or Laurie Schatz.

58. At the meeting, Plaintiff explained the importance to accurately record time worked on a Lawns production sheet.

59. At the meeting, Plaintiff explained that accounts payable invoices must be kept current and that any problems should be brought to her attention right away.

60. At the meeting, Plaintiff discussed the tardiness and absenteeism policies.

61. Plaintiff invited the Fleming family to her wedding.

62. Plaintiff invited Mrs. Fleming and their children to her baby shower.

63. Mrs. Fleming spent most of the summer of 2003 visiting her mother in Missouri, who was suffering from terminal lymphoma cancer.

64. Mrs. Fleming's mother passed away on November 13, 2003.





Lawn & Tree Health Care Specialists  
15089 COASTAL HWY. MILTON, DE 19968  
(302) 645-5296 (302) 629-8873 (302) 678-5296  
FAX (302) 645-5276

January 7, 2004

Renée Beauchemin Butz  
2 Cymbal Court  
Newark, De 19702

Via Cert. w/ Return Receipt

RE: Leave of Absence

Dear Renée;

I am writing in regards to your sudden leave of absence wherein you indicated you would be on maternity leave for six (6) weeks. I have several concerns regarding this issue.

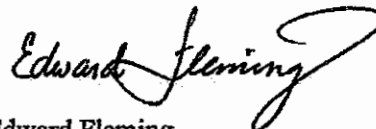
First, you are well aware of our company policy that requires you to have prior written authorization signed by myself before any time off from your duties is permissible. For absences in excess of three (3) days, all employees are required to submit a request at least four (4) weeks prior to your intended date of leave. In accordance with the law, you must provide us with a written doctor's notice indicating that you require such time off. As of this date, you have not provided us with either of the above.

Our greater concern is that you told fellow co-workers, whom are willing to testify, that you never had any intentions of returning at all from your maternity leave. In fact you have sought and apparently accepted employment elsewhere. At this point, I feel I must make a professional employment decision based on information that I have. I have determined that you have terminated your employment with Lawns Unlimited, effective December 23, 2003, when you left the premises cleaning out your desk and taking all of your belongings.

Per conversation with our health insurance representative, your coverage disenrollment date is December 23, 2003. However, provided the insurance company will allow, Lawns Unlimited will extend your health insurance coverage through December 31, 2003. We will pay the premium for that extension on your behalf. I believe your main concern was covering the delivery of the baby. Having had your baby on December 30, 2003, this extension will allow those costs to be covered. Lawns Unlimited has now incurred a much higher premium as a result of your working for us for one (1) year and using the insurance to pay bills estimated to be in excess of \$23,000.00, then leaving the company. Lawns Unlimited has never been in the practice of denying benefits to any employee. However, it is our belief that an employee will do as they say and stay long term with our company. We are disappointed when we see an employee, such as yourself, take advantage of the benefits, hours and overtime, etc. that we offer and abuse those privileges.

We wish you well with your new baby. If you have any questions or concerns, please feel free to contact me.

Respectfully Submitted,

  
Edward Fleming

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and Shane's swim meets. You went to business meetings with the family. We went to your wedding." (A15).

#### **4. Plaintiff Ceases All Communication With Lawns**

Butz did not return to work. She stayed at home until the birth of her daughter on December 30, 2003. Before the baby was born, Ms. Watson called Butz twice to ask work-related questions. (A16-17). Butz testified that both of the conversations were "peaceful" and ended "pleasantly." (A94; A95; A11).

Despite these "pleasant" interactions, Butz never attempted to contact Mr. Fleming to clarify what she now contends was a misunderstanding. She testified that she never called, wrote, or otherwise tried to reach out to Mr. or Mrs. Fleming to assure them of her intent to return. (A99; A101; A22-23). Although Butz now alleges that loss of work would have been financially devastating, she never made any attempt to ensure that Lawns would keep her job open until she returned.

Unable to reach Butz, the anxiety-ridden Flemings felt they had no choice but to believe Watson even though they were never able to confirm or deny the veracity of her claims. Plus, if Watson's story was to be believed, Butz would have to be officially terminated. In its 16-year history, Lawns had never terminated a single employee. The Flemings sought counsel from Lawns' attorney, Eric Howard.

Mr. Fleming spoke with Howard shortly after Christmas. He shared the Flemings' concerns and believed it was highly unlikely that Butz would return as promised. Howard recommended they send Butz a letter setting forth their concerns (the "Termination Letter"). (A21; A194-95). The Termination Letter would conclude that Butz's refusal to communicate with Lawns left the Flemings with no alternative but to believe she had abandoned her job. They hoped that the letter would be the motivation Butz needed to at last contact Lawns.

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IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

RENEE M. BUTZ,

Plaintiff,

v.

LAWNS UNLIMITED, LTD. and  
EDWARD FLEMING,

Defendants,

Civ. No. 05-495-JJF  
Judge Joseph J. Farnan Jr.

# Certification of Dina Alderucci

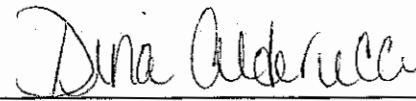
I, Dina Alderucci, of full age, certify as follows:

1. I am a former employee at Lawns Unlimited and co-worker of Plaintiff, Renee Butz, and am a citizen of the State of Delaware residing at 34510 Bushnell Court, Apartment 6, Lewes, DE 19958. I submit this Certification in support of Plaintiff's opposition to Defendant's Motion for Summary Judgment. I have personal knowledge of the facts set forth below.
2. I was employed at Lawns Unlimited from June 2003 through October 2003.
3. I was trained by Renee Butz to relieve Renee during her maternity leave.
4. I knew Plaintiff was pregnant and with an approximate due date of late December 2003 early January 2004.
5. Edward and Jeanne Fleming knew Renee was pregnant and knew her approximate due date. Renee's pregnancy was discussed often in the office.
6. I was never given a Lawns Unlimited Employee Policy Manual and never knew that an Employee Policy Manual existed.
7. Laurie Schatz took a leave of absence to have surgery. She missed a couple of days and then returned to work. Mr. Fleming approved and allowed this leave of absence without any repercussions.
8. In October 2003, I informed Mr. Fleming I was leaving the company and gave him a two week notice. Mr. Fleming took me upstairs and later Mrs. Fleming joined him, and both yelled at me over and over again for three to four hours because they had spent money training me to relieve Renee during her

**B7D**

maternity leave and they did not know what they were going to do. They upset me so much that I did not work the two weeks but left the very next day.

I certify under penalty of perjury, in accordance with 28 U.S.C § 1746, that the forgoing is true and correct.



Dina Alderucci

Date

Dated: November 10, 2007

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August 30, 2007

Edward William Fleming - Butz

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1 Q. Was it sent certified?

2 A. Yes.

3 Q. What date did you terminate plaintiff's health  
4 insurance?

5 A. Based on the letter, it was December 31st of  
6 2003. Coverage was extended to January 14th of 2004.

7 Q. When was she notified of cancellation?

8 A. I don't know.

9 Q. Was plaintiff offered COBRA?

10 MS. DiBIANCA: I'm going to object because  
11 actually the judge did rule in the order that COBRA  
12 was not an issue. But go ahead and answer.

13 A. I don't know.

14 Q. Did plaintiff ever tell you she was not coming  
15 back to work?

16 A. No, but she would not return our phone calls.

17 Q. Prior to termination, did you ask plaintiff for  
18 a doctor's note concerning plaintiff's time off?

19 A. Can you repeat that again please.

20 Q. Prior to termination, did you ask plaintiff for  
21 a doctor's note concerning plaintiff's time off?

22 A. On December 23rd, I handed you a vacation  
23 request form for time off so that you could put down  
24 exactly when you were going to be back. I left before

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1 you left, and you did not fill it out. So I didn't  
2 know when you were planning on coming back. I  
3 requested this. You did not fill it out. And we did  
4 not get a doctor's notice when your maternity leave  
5 was started.

6 Q. Do you know why plaintiff would not fill out  
7 the form at best?

8 A. I don't know why you didn't fill it out. No, I  
9 don't know why you didn't fill it out. Can you tell  
10 me?

11 Q. Did you provide any documentation of the fact  
12 that you asked for this information?

13 A. Can you repeat that, please.

14 Q. Can you provide any documentation of the fact  
15 that you gave the form to the plaintiff or asked for a  
16 doctor's note?

17 A. When you were in the office getting your  
18 things -- you were in the office that morning to get  
19 the some of the paperwork that you had done, and I  
20 went over and handed you the paper. I said, "Renee,  
21 please fill this out. I know you're going to be going  
22 on maternity leave. I need to know how long and when  
23 you are going to be back." When I got back to the  
24 office, the form was sitting right there, and it was





1 you were unable to be reached by telephone.

2 Q. So you never spoke to plaintiff?

3 MS. DiBIANCA: Objection. Misrepresents  
4 his testimony. Go ahead and speak.

5 Q. Well, defendant said many, many phone calls not  
6 being returned. When were these messages left?

7 A. I talked to you on December 23rd. We were very  
8 excited for you to have this baby. We were -- I  
9 offered for your family and your mother-in-law and  
10 father-in-law and your mom and dad, if they needed to  
11 use our house to shower or whatever the case may be,  
12 which is only a mile from Beebe hospital.

13 I left the day that you were leaving to go  
14 to the hospital. Scott and your mom came into the  
15 driveway. I waved to them real big, and they didn't  
16 react at all. I went Christmas shopping, came back,  
17 and Debby said, "Ed, sit down. I need to tell you  
18 something."

19 Debby only was with us a very short time,  
20 as you know. And she told me that you were leaving;  
21 you weren't coming back. You have my letter my  
22 timeline in there. And we were headed -- I was  
23 leaving the office. And I was headed down to church  
24 to go to confession with my family.



1 blank.

2 Q. Did you indicate that your insurance premium  
3 was much higher due to pregnancy medical bills?

4 A. Actually the lawyer wrote the letter and I  
5 signed it.

6 Q. So you signed something without reading it?

7 A. I guess I didn't read it carefully enough, but  
8 I did sign it.

9 Q. So you did not write the termination letter?

10 A. No.

11 Q. I'm sorry?

12 A. No.

13 Q. How would he have gotten the dates?

14 MS. DiBIANCA: How would who have gotten  
15 the dates?

16 Q. How would his attorney have gotten the date of  
17 the termination for --

18 A. We gave him the dates. I gave him the dates.

19 Q. And how could he come up with a \$23,000 figure?

20 A. I don't know. Maybe I called Beebe hospital on  
21 a C-section. I don't know.

22 Q. Did plaintiff's spouse promise you on December  
23 24 that plaintiff would be returning to work after  
24 maternity leave?



1 paid were the equivalent amount.

2 The performance appraisal we did give to  
3 you was on 10/16. It was an unfortunate time for  
4 Jeanne. Her mother was diagnosed with lymphoma  
5 cancer, having stage 4, so she was dying. She was in  
6 Missouri three different times before she passed away.  
7 And then she was -- she had the opportunity to fly out  
8 right away before her mom passed away. And then we  
9 had to go through the funeral and take care of the  
10 estate. So that's the problem why there wasn't any  
11 second evaluation done.

12 Q. So Laurie Schaltz was paid through Lawns  
13 Unlimited and also the temp agency for these 80 hours?

14 A. I don't -- I don't know. I don't know -- no.  
15 She was hired under the temp agency. She would have  
16 been hired under the temp agency.

17 Q. So it's safe to assume that because she was  
18 paid by Lawns Unlimited for 80 hours at \$10 an hour,  
19 that's what her starting rate was?

20 A. Yes. Mm-hmm.

21 Q. Then, in 2003, she received a \$2 increase to  
22 \$12 a hour.

23 A. Yes. Because at that time Jeanne was not in  
24 the office that much because that was the time that

